

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Maloney for Congress

Full Name (Last, First, Middle Initial)

A. NYC Taxi MED

Mailing Address 657 10th Avenue

City	State	Zip Code
New York	NM	10036

Purpose of Disbursement
Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2014

Amount of Each Disbursement this Period

16.10

Transaction ID : D403648

[MEMO ITEM]

B. NYC Taxi MED

Mailing Address 657 10th Avenue

City	State	Zip Code
New York	NM	10036

Purpose of Disbursement
Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2014

Amount of Each Disbursement this Period

39.60

Transaction ID : D403658

[MEMO ITEM]

c. NYC Taxi verifone

Mailing Address 3615 13th St.

City	State	Zip Code
L.I. C.	NY	11230

Purpose of Disbursement
Transportation

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2014

Amount of Each Disbursement this Period

14.88

Transaction ID : D403649

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
